

PLEASE NOTE:

Proposed occupancy must comply with applicable zoning district requirements. Failure to do so is a violation of COSL Development Code.



**CITY OF SUGAR LAND
Permits & Inspections Department**

INSTRUCTIONS:

**Fax application to
281-275-2271**

Permit Department will call when APPROVED & ready for pickup.

NAME CHANGE/CHANGE OF OWNERSHIP APPLICATION

APPLICATION # _____

PROJECT ADDRESS: _____

SQUARE FOOTAGE: _____

TENANT INFORMATION

SALES TAX ID# _____

NAME OF BUSINESS: _____

CONTACT: _____ PHONE#: _____

EMAIL: _____

***ATTACH A LETTER OF DETAIL DESCRIPTION OF USE ON COMPANY LETTERHEAD W/ SIGNATURE ***

BUILDING OWNER INFORMATION

NAME: _____

CONTACT: _____ PHONE#: _____

ADDRESS

CITY/STATE

ZIP

REASON FOR CHANGE: PLEASE SELECT ONE

☐ NEW OWNER ☐ NEW MANAGEMENT ☐ BUSINESS NAME CHANGE ☐ TENANT CHANGE
☐ TURN POWER ON TO SHOW VACANT SPACE

Permit Fee \$30.00

PREVIOUS TENANT: _____

NEW TENANT: _____

ANY REMODEL WORK TO BE DONE? ☐ YES ☐ NO

APPLICANT SIGNATURE

DATE

OFFICIAL USE ONLY

SIC CODE & DESCRIPTION: _____

ZONING DISTRICT: _____ APPROVAL: _____